

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Sm		2/9/00
O.I.P.E. CLASSIFIER	HB		3/10/00
FORMALITY REVIEW		69055	5-1-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	03/02/00	11/05
2	✓	03/02/00	11/05
3	✓	03/02/00	11/05
4	✓	03/02/00	11/05
5	✓	03/02/00	11/05
6	✓	03/02/00	11/05
7	✓	03/02/00	11/05
8	✓	03/02/00	11/05
9	✓	03/02/00	11/05
10	✓	03/02/00	11/05
11	✓	03/02/00	11/05
12	✓	03/02/00	11/05
13	✓	03/02/00	11/05
14	✓	03/02/00	11/05
15	✓	03/02/00	11/05
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Best Available Copy

If more than 150 claims or 10 actions  
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